

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Title::	CLOSURE SYSTEM FOR TUBULAR ORGANS
Attorney Docket Number::	32201-1090
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	2
Small Entity?::	Yes
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Michel
Middle Name::	
Family Name::	Bachmann
City of Residence::	Vaux sur Morges

State or Province of

Residence::

Country of Residence:: Switzerland

Street of mailing address:: Pré Floret

City of mailing address:: Vaux sur Morges

State or Province of mailing
address::

Country of mailing address:: Switzerland

Postal or Zip Code of mailing
address::

CH-1126

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Christian

Middle Name::

Family Name:: Imbert

City of Residence:: Lausanne

State or Province of
Residence::

Country of Residence:: Switzerland

Street of mailing address:: PSE-B P.O. Box 115

City of mailing address:: Lausanne

State or Province of mailing
address::

Country of mailing address: Switzerland

Postal or Zip Code of mailing
address::

CH-1015

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Alain
Middle Name::
Family Name:: Jordan
City of Residence:: Lausanne
**State or Province of
Residence::**
Country of Residence:: Switzerland
Street of mailing address:: PSE-B P.O. Box 115

City of mailing address:: Lausanne
**State or Province of mailing
address::**
Country of mailing address: Switzerland
**Postal or Zip Code of mailing
address::** CH-1015

Correspondence Information

Correspondence Customer

Number:: 35023

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing
address::

Postal or Zip Code of mailing
address::

Phone number::

Fax Number::

E-Mail address::

Representative Information

Representative Customer Number::	35023	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority
Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
PCT	PCT/CH2004/000136	8 March 2004	YES

Assignee Information

Assignee name:: EndoArt SA
Street of mailing address:: PSE-B P.O. Box 115

City of mailing address:: Lausanne
**State or Province of mailing
address::**
Country of mailing address:: Switzerland
**Postal or Zip Code of mailing
address::** CH-1015